



General Assembly

Amendment

February Session, 2016

LCO No. 5988



Offered by:

REP. SAMPSON, 80th Dist.

REP. SCOTT, 40th Dist.

To: Senate Bill No. **131**

File No. 122

Cal. No. 554

***"AN ACT CONCERNING THE WORKING GROUP ON
BEHAVIORAL HEALTH UTILIZATION."***

1 After the last section, add the following and renumber sections and
2 internal references accordingly:

3 "Sec. 501. Section 20-7f of the 2016 supplement to the general
4 statutes, as amended by section 11 of public act 15-146, is repealed and
5 the following is substituted in lieu thereof (*Effective July 1, 2016*):

6 (a) For purposes of this section:

7 (1) "Request payment" includes, but is not limited to, submitting a
8 bill for services not actually owed or submitting for such services an
9 invoice or other communication detailing the cost of the services that is
10 not clearly marked with the phrase "This is not a bill".

11 (2) "Health care provider" means a person licensed to provide health
12 care services under chapters 370 to 373, inclusive, chapters 375 to 383b,
13 inclusive, chapters 384a to 384c, inclusive, or chapter 400j.

14 (3) "Enrollee" means a person who has contracted for or who
15 participates in a health care plan for such enrollee or such enrollee's
16 eligible dependents.

17 (4) "Coinsurance, copayment, deductible or other out-of-pocket
18 expense" means the portion of a charge for services covered by a health
19 care plan that, under the plan's terms, it is the obligation of the enrollee
20 to pay.

21 (5) "Health care plan" has the same meaning as provided in
22 subsection (a) of section 38a-477aa.

23 (6) "Health carrier" has the same meaning as provided in subsection
24 (a) of section 38a-477aa.

25 (7) "Emergency services" has the same meaning as provided in
26 subsection (a) of section 38a-477aa.

27 (b) It shall be an unfair trade practice in violation of chapter 735a for
28 any health care provider to request payment from an enrollee, other
29 than a coinsurance, copayment, deductible or other out-of-pocket
30 expense, for (1) health care services or a facility fee, as defined in
31 section 19a-508c, covered under a health care plan, (2) emergency
32 services covered under a health care plan and rendered by an out-of-
33 network health care provider, or (3) a surprise bill, as defined in
34 section 38a-477aa.

35 (c) It shall be an unfair trade practice in violation of chapter 735a for
36 any health care provider to report to a credit reporting agency an
37 enrollee's failure to pay a bill for the services, facility fee or surprise bill
38 as set forth in subsection (b) of this section, when a health carrier has
39 primary responsibility for payment of such services, fees or bills.

40 (d) A health care provider that requests payment from an enrollee
41 for a coinsurance, copayment, deductible or other out-of-pocket
42 expense or for health care services rendered that are not covered under
43 a health care plan shall include in any invoice or other communication

44 detailing the cost of the services to an enrollee the following statement
45 in not less than eighteen-point font: "THIS IS NOT A BILL UNLESS IT
46 REFLECTS ADJUDICATION WITH YOUR HEALTH CARRIER,
47 WORKERS' COMPENSATION CARRIER AND/OR PROPERTY
48 CASUALTY CARRIER. DO NOT PAY UNLESS YOUR INSURANCE
49 PAYMENT IS REFLECTED ON THIS INVOICE."

This act shall take effect as follows and shall amend the following sections:

Sec. 501	<i>July 1, 2016</i>	20-7f
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